Dow AgroSciences LLC 9330 Zionsville Road Indianapolis, IN 46268-1054

308 Building/2A October 22, 2002



Document Processing Desk - 6(a)(2)
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, NW
Washington, DC 20460-0001

RE:

FIFRA § 6(a)(2) Report Vikane* Gas Furnigant

EPA Registration Number: 62719-4 Active Ingredient: Sulfuryl Fluoride CAS Registry Number: 002699-79-8

DERBI Number: 105503

State: FL

Severity Category: H-A

Dow AgroSciences submits the following information in response to its understanding of the U.S. Environmental Protection Agency's interpretation of FIFRA § 6(a)(2). However, Dow AgroSciences has not concluded that this information regards an "unreasonable adverse effect on the environment" or that it is reportable under FIFRA § 6(a)(2).

Dow AgroSciences received the enclosed information regarding an alleged human death.

It is important to note that the Vikane Gas Fumigant label requires the introduction of chloropicrin to the structure prior to fumigation at a rate of one ounce per 10,000-15,000 feet (17-25 ppm) to serve as a warning agent. This warning agent causes smarting of eyes, tearing, throat and nose irritation, and a disagreeable pungent odor at very low concentrations (ca. 0.3 ppm).

The Vikane Gas Fumigant label states the following: "When fumigating, observe local, state and federal rules and regulations including such things as use of chloropicrin, clearing devices, positive-pressure self contained breathing apparatus, security requirements, and placement of warning signs:... Extremely Hazardous Liquid and Vapor Under Pressure, Inhalation of Vapors may be Fatal." Under the "Preparation for Fumigation" section of the label, the use directions for structural fumigation state "Remove from the structure to be fumigated all persons, domestic animals, pets - including fish and desirable growing plants." Also, under the Aeration and Reentry section of the label, use directions state "... treated area must be aerated until the level of sulfuryl fluoride is 5 ppm or less, as measured by a detection device with sufficient sensitivity such as an INTERSCAN or MIRAN gas analyzer." Within this section of the label it further states "Do not reoccupy fumigation site, i.e. building, ship, vehicle or chamber, nor move vehicle until aeration is complete."

If you wish to discuss this matter further, please call us.

Regards,

Shannon Bass EH&S Global Product Leader

(317) 337-4983

*Trademark of Dow AgroSciences

Prepared by:

Stacey Fruits

Product Stewardship Administrator

(317)337-4577



FIFRA § 6(a)(2) Global Adverse Effects Reporting Form

FIFRA § 6(a)(2) does not require investigation of alleged incidents. Please complete this form, to the best of your ability, with the knowledge you have on any incident without further investigation. However, if you receive additional information it is your responsibility to submit a supplemental report.

Send completed forms to:

e-mail: aerc@dow.com

mail: Dow AgroSciences

9330 Zionsville Road Indianapolis, IN 46268

Attention: AERC-308 Building

Questions:

Global AERC Administrator

(317) 337-4577

Administrative Information

Your Name: Eric Hobelmann

Date you became aware of the Incident: (month/day/year) 11-October-02

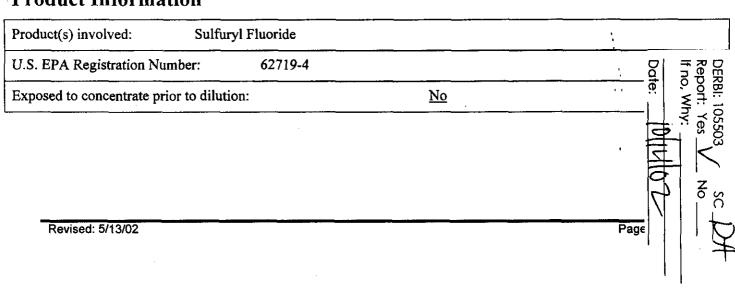
Reporter (person reporting incident to you):

| Last Name: | First Name: | |
|----------------------|-----------------------------|-------|
| Street Address: | | |
| City: St. Petersburg | State/Country: Florida, USA | 33707 |
| Telephone Number: | | |

Contact Person (if different from the Reporter)

| Last Name: | NA | First Name: NA | 1 |
|-----------------|--------|-------------------|--------------|
| Street Address: | NA | | , |
| City: NA | | State/Country: NA | Zip Code: NA |
| Telephone Numbe | er: NA | | <u> </u> |

Product Information



| Exposure | Inform | ation |
|----------|--------|-------|
|----------|--------|-------|

Revised: 5/13/02

| Date of Exposure: | Allegedly 10-Oct | and\or 11-Oct | ····· | | | |
|--|---|---|-------------------------------------|-----------------------------------|--------------------------|-------------------|
| Geographical location of | exposure: | | | | | |
| How exposed? | | | Inhalation | | | |
| Brief description of alleg | ged incident: | | | | | |
| Professional Termite & Fapartment ~ 18 cfm at the apartment, the fumigator bathroom. The Pest Con | e above address. Duri found a female body | ing the concluding lying in the bathtu | part for the 1-hooks with a faceclo | our active aera th over her fa | ation periodice of the 2 | i, in the garage |
| Application Cit | | | | | | |
| Evidence label directions | were not followed: | | N | <u>o</u> | | |
| Application was made by | y: Irvin Carpenter | | | | | |
| Pest Control Op | perator SPII | O Cardholder | | | | |
| Circumstances regarding | application: | ··· · | | | | |
| Information about applic no case #'s assigned, file | | from the Departm | ent of Agricultu | re & Consum | er Services | report. There are |
| There is also a new depart working on this case. A | | | | | t Investigat | tor Glenn Kramer) |
| Statements made to me be application. This include used the toilet approximate the victim was not in the | ed a proper final walk ately 1-3 feet away fro | -thru that he also h | ad a fellow emp | loyee with hi | im. That fe | llow employee |
| Type of incident: | Human | | | | | |
| | | | | | | · |
| | | | | | | |

Alleged Human Exposure

| | | | | | _ |
|---|--------------------|----------------|--|------------------------|---------|
| Clarify how many people are | involved with the | alleged expe | osure: | One | |
| Age, if known, adult or child: | | | | Adult | |
| Gender: | Female I | f female, is s | he pregnant? | | Unknown |
| Occupation (if related to use of | of product): | Unknow | 'n | | |
| Was protective clothing worn | | | Unknown | | |
| How many workdays were los | st due to illness: | Unk | nown | | |
| Route of exposure: | | | | Inhalation | |
| Was alleged adverse effect a | result of: | Suicide | /Homicide* | *(SEE NOTES- below) | |
| Time between exposure and o | onset of symptoms | s: | (hr/day/min) | Unknown | |
| Symptoms experienced: | Unknown | | • | | |
| Type of medical care sought: | Unkno | wn | | | |
| Laboratory test results: | (attach copy if | available) | Unknown | | |
| Explanatory or qualifying information surrounding the incident: The victim was identified as An unidentified informed her she would be in Orlando during the fumigation & gave her a phone # of where she would be. She then gave this info. to Gulfport Police. Also of note, Detective Ron Howeth stated in a newspaper article that a 2 page handwritten note, a spiral notebook & business cards were left neatly on her bed. "Sorry to put such a burden on you" Howeth said the note read. | | | St. Petersburg Times newspaper article dated 12-Oct-02 states that Gulfport detectives said she committed suicide by hiding or slipping back into the house full of poison gas. Stated to me that officers told him this was not being conducted as a criminal investigation. | | |
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Revised: 5/13/02

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